## NITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Reginald Hunter

Serial No.:

09/685,191

Confirmation No.:

5577

Filed:

October 6, 2000

Method and Apparatus to

**Provide For Automated Process** Verification and Hierarchical

**Substrate Examination** 

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Group Art Unit:

2877

Examiner:

Zandra V. Smith

## CERTIFICATE OF MAILING

37 CFR 1.8

I hereby certify that this correspondence is being deposited on November , 2004 with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

## RESPONSE TO OFFICE ACTION DATED AUGUST 24, 2004

In response to the Office Action dated August 24, 2004, having a shortened statutory period for response set to expire on November 24, 2004, please enter this response and reconsider the claims pending in the application for reasons discussed below. Although Applicant believes that no fee is due in connection with this response, 01/26/2005 the Commissioners is hereby, authorized to charge counsel's Deposit Account No. 20-01 FC:1201 0782/AMAT/3083.P7/AOP, for any fees, including extension of time fees or excess claim fees, required to make this response timely and acceptable to the Office.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper. Remarks begin on page 9 of this paper.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER	THAN
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	
TO	TAL CHARGE	ABLE CLAIMS	<b>2</b> - minus 20=		. 1 4			X\$ 9=		OR	X\$18=	18:00
INDEPENDENT CLAIMS			3 minus 3 =					X4 <b>0</b> =		OR	X8 <b>g</b> =	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+2 <b>780</b> =	
* If the difference in column 1 is less than zero, enter "0" in column						olumn 2	L	TOTAL		OR	TOTAL	77800
CLAIMS AS AMENDED - PART II								SMALL E	ENTITY	OR	OTHER SMALL I	. Х
<u> </u>	The second second	(Column 1)	2-4-1, Ste - 1/4-1	(Colur		(Column 3)	ır	SINALL	ADDI-		ONIACE	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	!21	Minus	Z	·I	=		X\$ 9=	·	OR	X\$18=	
AME.	Independent	. 5	Minus	*** 3	5 00 404	<b>- 2</b>		X4 <b>3</b> =		OR	X8 <b>€</b> =	1725
	FIRST PRESE	NTATION OF MI	JLIIPLE DEI	ENDEN	CLAIM	<u> </u>		+148=	·	OR	+2 <b>9</b> 0=	
				•	•		ـا م	TOTAL	·	OR	TOTAL ADDIT, FEE	
ADDIT, FEE												
AMENDMENT B		CLAIMS REMAINING		HIGH NUM PREVIO	EST BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT		PAID		EXTRA	$\mid \mid \mid$		FEE			FEE
	Total	. 20	Minus	2	<u> </u>	=		X\$ 9=	<u>.</u>	OR	X\$18=	
AME	Independent	* 2	Minus	*** 5	CLAIM	- 2	╽┟	×4 <b>2</b> =		OR	X8 <b>6</b> =	1720
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+148=		OR	+2 <b>9</b> 0=	
			·				IA	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	172.09
	,	(Column 1)		(Colur	nn 2)	(Column 3)					•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE .		RATE	ADDI- TIONAL FEE
	Total	. 9	Miņus	**	71	= 3	lΓ	X\$ 9=		OR	X\$18=	
	Independent	· 8	Minus	***	7	=		X42=		OR	X84=	86
L	FIRST PRESE	NTATION OF M	JUINTE DE	ENUEN	COMM		'	+140=		OR	+280=	0
-	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							TOTAL OOT, FEE		ÓR	TOTAL ADDIT. FEE	09
The "Highest Number Previously Paid For" (Noted or Independent) is the highest number found in the appropriat box in column 1.												